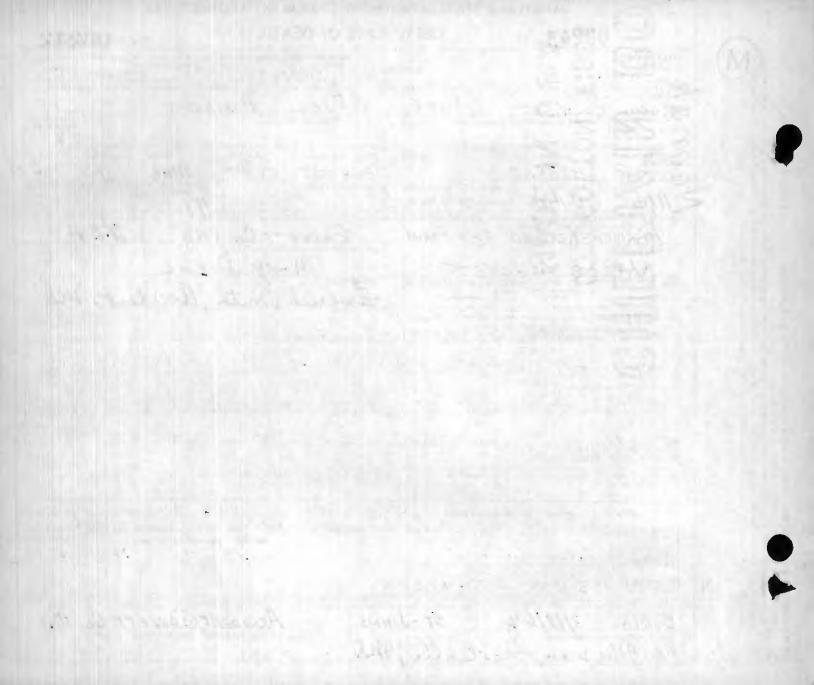
	PLACE OF DEAT	н			2. USUAL RES	DENCE (Where de	ceesed lived, if		ince before edmission
	Ga	rrett		MARYLAN	ID Ma	aryland		Garre	4 4
	b. CITY OR TOWN write RURAL en	(if outside corporete d give neerest town	imits,	c. LENGTH OF STAY IN	16 c. CITY OR TO	WN (If outside corpo	orate fimits, write	e RURAL end give	neeres! town)
_				Hours spital, give street eddress		oute # 2	Oaklar	nd	
	d. NAME OF HOSP	ITAL OR INSTITUTE	ON (if not in ho	spital, give street eddress)	d. STREET ADD	DRESS			o. IS RESIDENC
	rrett Cou	inty Memor	rial Hos						YES NO
	NAME OF DECEASED		First	Middle	Lest	4. DATE OF	Month	h Dey	y Yeer
	(Type or print)	Roy		Elmer		DEATH	March	26	5 1962
5.	SEX		ACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In yeers lest birthdey)		
	Male	White	WIDOW	ED DIVORCED	October 4	1891	70 yrs.	Months Deys	Hours Min.
1De	. USUAL OCCUPA	TION (Give kind of	work 1Db. I	KIND OF BUSINESS OR IND		(County & State, or I	loraign country)	12. CITIZEN	OF WHAT COUNTRY
	Farmer			Farming	Shenando	ah, Virgi	nia	United	States
13.	FATHER'S NAME				14. MOTHER'S MA	IDEN NAME		- XMP AA	
		Alkanah	Barb		Lucy	Ellen Mill	er		
	WAS DECEASED E	VER IN U.S. ARMED	FORCES? 16.	SOCIAL SECURITY NO.	7. INFORMANT		Address	Route	# 2
110	no	hi kas Bi na Mat ot dais	-	0-10-2954	Walter F. Ca	1 Fadrum	Oald	and, Mar	
		DEATH Enter only		line for (e), (b), end (c).]	Martor Ta Oc		John	115	NTERVAL BETWEEN
		TH WAS CAUSED B		7	V. 1.	/ //	7	0	NSET AND DEATH
	TAKE I, DEA			Aude 11	Ry son de	ed hide	1 KLLO	Na.	17 A NOW.
	420	IMMEDIATE CAUS	E (8) (1)	oute /	Ryscarde	el Inga	isleo	7	12 down
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NOIL	Conditions, if en geve rise to immed (e), stetling the ceuse lest.	y, which diete ceuse underlying DUI	E (6) (b) Ari	Exioaction NTRIBUTING TO DEATH BU	tic Cardia	Varenter TERMINAL DISEASE O	Dei CONDITION GIV	/EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
TCATION	Conditions, If an geve rise to immed (e), stating the course lest. PART II. OTHE	y, which diete ceuse underlying DUI	E (e) (b) (c) (c) (c) (c) (d)					VÊN IN PART 1(e)	19. WAS AUTOPSY
ERTIFICATION	Conditions, if en geve rise to immed (e), stefing the couse lest. PART II. OTHE	y, which diete couse underlying DUI	E TO (b) (c) DNDITIONS CO.	Exiocolino NTRIBUTING TO DEATH BU				/EN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
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MEDICAL CERTIFICATION	Conditions, if en geve rise to immed (e), stefing the course lest. PART II. OTHE ZDe. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFI	y, which diete ceuse underlying DUI ER SIGNIFICANT CO VAS UNDERLYING S CAUSE OF DE- Y MEDICAL EXAMI URY Month, De-	E (e) E TO (b) E TO (c) E TO ATH NER) V, Yeer 20d. While	SCRIBE HOW INJURY OCC	URED. (Enter neture of inju	ary in Peri I or Part II	of item 18.)		19. WAS AUTOPSY PERFORMED? YES NO
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	Conditions, if en geve rise to immed (e), stefing the course lest. PART II. OTHE ZDe. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJ Hour e.m., p.m. 21. certify	y, which diete couse underlying DUI R SIGNIFICANT CO VAS UNDERLYING CAUSE OF DEAY MEDICAL EXAMI URY Month, Deay that (I) (this house alive on	E (e) E TO (b) E TO (c) ONDITIONS CO. ATH NOR? (y, Yeer 20d. Whill 19 el wo	SCRIBE HOW INJURY OCC INJURY OCCURRED 2De e Not While rk et work	PLACE OF INJURY (Hom fectory, street, office bld	e, farm, 2Df. (City g., etc.) 23 195, to., at., A.e.M., from	or town) March the causes	(County)	19. WAS AUTOPS: PERFORMED? YES NO (Stele)
	Conditions, if en geve rise to immed (e), stefing the couse lest. PART II. OTHE ZDe. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF) Hour e.m. p.m. Z1. I certify saw the deced	y, which diete couse underlying DUI R SIGNIFICANT CO VAS UNDERLYING CAUSE OF DEAY MEDICAL EXAMI URY Month, Deay that (I) (this house alive on	E (e) E TO (b) E TO (c) ONDITIONS CO. ATH NOR? (y, Yeer 20d. Whill 19 el wo	SCRIBE HOW INJURY OCC INJURY OCCURRED 2De Not While of work 1	URED. (Enter neture of injunction) PLACE OF INJURY (Homeofectory, street, office bid	e, farm, 2Df. (City	of item 18.) or town)	(County)	19. WAS AUTOPSY PERFORMED? YES NO (Stelle) That (I) (we) laddle stated above
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	Conditions, if en geve rise to immed (e), stefing the couse lest. PART II. OTHE ZDO. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) HOUR c.m. p.m. 21. I certify saw the deced 22e. SECUATURE	y, which diele couse underlying DUI R SIGNIFICANT CO AS UNDERLYING CAUSE OF DE MEDICAL EXAMI URY Month, De Medical Examinum Mo	E (e) E TO (b) E TO (c) DNDITIONS CO. ATH NER) 7, Yeer 20d. Whill 19 el wo poseital) after	INJURY OCCURRED 2De Not While of work odd the degeased fr	URED. (Enter neture of injunction) PLACE OF INJURY (Homeofectory, street, office bid or that death occurred that death occurred M.D. ATTENDING PHYS. 22d. ADDRES.	e, farm, 2Df. (City g., etc.) 1959, to. at. A.M., from	or town) or town) the causes STAFF PHYS.	(County)	19. WAS AUTOPSY PERFORMED? YES NO (Stelle) That (I) (we) laddle stated above
MEDICAL	Conditions, if en geve rise to immed (e), stetling the ceuse lest. PART II. OTHE ZDe. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJ. Hour e.m. p.m. 21. I certify saw the deced 22c. PRYSICIAN'S NAME (Type)	y, which diete ceuse underlying DUI ER SIGNIFICANT CO AS UNDERLYING SIGNIFICANT CO AS UNDERLYING MEDICAL EXAMI URY Month, De) that (I) (this horized alive on	E (e) E TO (b) E TO (c) DNDITIONS CO. ATH NER) 7, Yeer 20d. Whill 19 el wo poseital) after	SCRIBE HOW INJURY OCC INJURY OCCURRED 2De Not While of work 1	PLACE OF INJURY (Hom fectory, street, office bld om	e, farm, 2Df. (City g., etc.) 23 1957, to atA.e.M., from MED. DIRECTOR	or town) or town) the causes STAFF PHYS.	(County) 15, 1962, and on the c	19. WAS AUTOPSY PERFORMED? YES NO (Stelle) That (I) (we) laddle stated above
MEDICAL	Conditions, if en geve rise to immed (e), stefing the ceuse lest. PART II. OTHE ZDe. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJ. Hour e.m. p.m. 21. certify saw the deced 22c. PAYSICIAN'S NAME (Type REMOVAL (Specify	y, which diete ceuse underlying DUI R SIGNIFICANT CO AS UNDERLYING GO CAUSE OF DEAY MEDICAL EXAMI URY Month, De) that (I) (this house alive on Dr . He TION, 23b. DATE	E (e) E TO (b) E TO (c) DNDITIONS CO. ATH NER) (, Yeer 20d. Whill 19 el wo DSBilal) after THEREOF	INJURY OCCURRED 2De Not While of work and work and work and the degreesed from 19 22 and 23 and 24 and 25 a	Om. ATTENDING PHYS. ATTENDING PHYS. Oaklan	e, farm, 2Df. (City g., etc.) 23 195, to atA.e.M, from DIRECTOR DIRECTOR 23d. LOCA	or town) or town) the causes STAFF PHYS. and ATION (City, to	(County) 26, 1962, and on the c	19. WAS AUTOPSY PERFORMED? YES NO (Stete) That (I) (we) ladded stated above 22b. DATE SIGNE (Stete)
WEDICAL MEDICAL	Conditions, if en geve rise to immed (e), stefing the couse lest. PART II. OTHE ZDO. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJ Hour e.m. p.m. 21. I certify saw the deced 22c. PATYSICIAN'S NAME (Type	y, which diete ceuse underlying DUI R SIGNIFICANT CO VAS UNDERLYING CAUSE OF DEAY MEDICAL EXAMI URY Month, Deay that (I) (this had been alive on) Dr. He TION, 23b. DATE 3/28	E (e) E TO (b) E TO (c) ONDITIONS CO. ATH NER) 7, Year 20d. Whill 19 el wo osailal) after Propert F	INJURY OCCURRED 2De Not While of work of work and work an	PLACE OF INJURY (Hom fectory, street, office bid om	e, farm, 2Df. (City g., etc.) 23 195, to atA.e.M, from DIRECTOR DIRECTOR 23d. LOCA	or town) or town) the causes STAFF PHYS. and ATION (City, to	(County) and on the c 20 wn or county) County	19. WAS AUTOPSY PERFORMED? YES NO (Stele) That (I) (we) ladate stated abov 22b. DATE SIGNE (Stele)

1.452(11) Date of the second state of the second secon The state of the s The state of the s All the state whether the court of the court and the formation of the state of the A THE PARTY OF THE PROPERTY OF THE PARTY OF

1		03248 CERTIFICA	ATE OF DEATH	Reg. Dist 03242
)	1.	PLACE OF DEATH O. COUNTY GARRETT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If ins a. STATE) ARYLAND b. COU	
X	L	b. CITY OR TOWN (If outside corporate limits, write RUBAL and give needest town) C. LENGTH OF STAY IN 1b RUBAL ACCIDENT C. NAME OF HOSPITAL (If not in haspital, give street address)	c. CITY OR TOWN (If outside corporate limits, we CRAL HCKIDEN	
		OR INSTITUTION		ON A FARM? YES NO
		NAME OF DECEASED (Type or print) ALBERT B	ECKETT DEATH	AR 15 1962
	5.	MALE WHITE WIDOWED DIVORCED		уп.
	L	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDL during most of working life, even if retired) FARMER - RETIRED OWN FARM	GARRETT CO MO	12. CITIZEN OF WHAT COUNTRY?
		VACOB BECKETT	14. MOTHER'S MAIDEN NAME MARY DIEIT	۷.
	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dales of service) (If yes, give wor or dales of service)	Fredrick Smith a	scident, Md
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (a) CORO NAIR Y	Octusion	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which are to immediate (b) AITERIOS	clarate Hamet	Disense
	7	couse (o), stating the under lying couse last.		
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BU		PERFORMED? YES NO
	L CERTIFI	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18	.)
	MEDICAL		LACE OF INJURY (Home, form, 20f. (City or town) actory, street, office bldg., etc.)	(County) (Stote)
		21. I certify that I attended the deceased from. March 1962, and that death	h accurred at 3 CDBM, from the causes	that I last saw the deceased
		ACTUAL Podes Rivera	ADDRESS (Street, city or to	
1		PHYSICIAN'S PEDRO RIVERA		
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CONTROL (Specify) 3/18/62 ST JOHA	OR CREMATORY ACCIDENT GA	PRRETT Co. Mp
X	23.	FONERAL DIRECTOR'S SIGNATURE LADDRESS ADDRESS M	240. REC'D BY REGISTRAR 24b.	REGISTRAR'S SIGNATURE
M		ron Trowman, Grantsville, M	DATE MAR 2 0 '62	Elithur S. Fliam

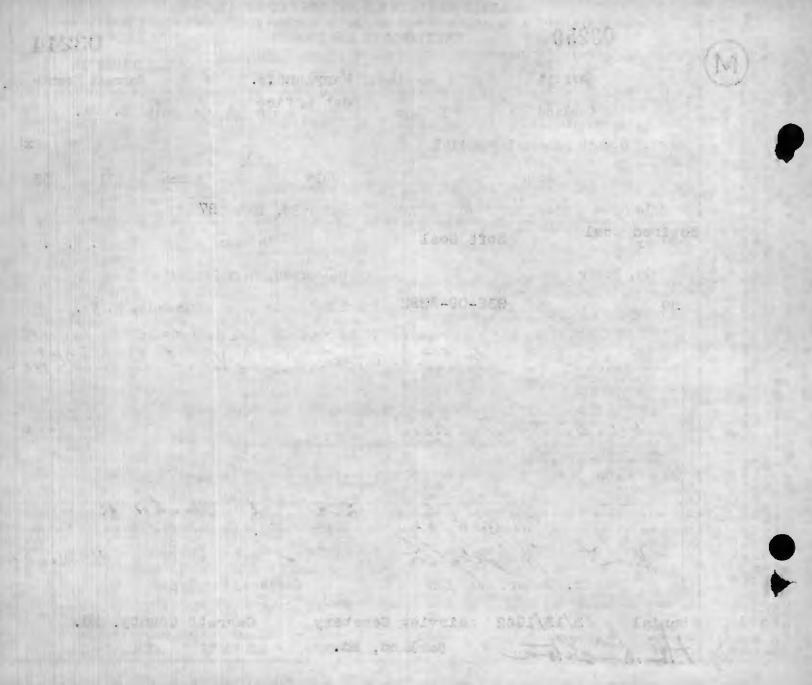
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

er death. Page 4



21	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	02240 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03243
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission
Page lles.	a. STATE b. COUNTY
essary, r. Page files. Health,	b. CITY OR TOWN (if outside corporate limits. I c. LENGTH OF STAY IN 16 C. CITY OR TOWN (if outside corporate limits, write RURAL and olve nevert town)
is neces.	Altamont 50 yrs. X Altamont
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE
	Rural Swanton, Md. Rural Swanton, Md. YESKI NO
	3. NAME OF first Middle Last 4. DATE Month Day Year
o the series of the Ser de	(Type or print) George Franklin Comp DEATH March 25th. 19 62
45054	S. SEX 6. COLOR OR RACE 7. MARRIED IT NEVER MARRIED IT 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 74 HRS.
and 3 may 2 will	Male White widowed Divorced July 3, 1889 Norths Deys Hours Min.
Thank T	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRY
N 10-	Retired Telegraph Operator, B&O R.R. Garrett Co., Md. U.S.A.
24 hours Page 'M3. Pages within	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
2 2	John Comp Mary Barker
within 8. Gira form it. File event	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewerordates of service)
ed vith with erm	no 705-05-8225 George Comp Deer Park, Md.
in le	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
e exection along transit and in	immediate cause (a) Coronary Occlusion Sudden
000-1	420 1 DUETO
ng" in p r's Offic i a buria	Conditions, if any, which (b)
ding's as a	(a), stating the underlying DUE TO
ifficate s pending aminer's sed as a	Cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
This certification word "period Examuld be use cremation.	PERFORMED?
wo wo	YES NO A 206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of Item 18.)
22902	FRIMARY OF CONTRIBUTING CONTRIBUTING
ting t ting t hief A e 3 st buria	
Pag ot	Hour a.m., While Not While factory, street, office bldg., etc.)
cate, to the OR: P	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X. and in my opinion
at the state of th	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
BE Ce	CHIEF MEDICAL EXAMINER
forwar fo	ACTUAL CO.
SAL SAL	
o execute find be forward designated	NAME (1796) James H. Feaster, Jr. M. D. Address (Street, city, town, or county) Oak. Md. 3-25-62
Se of DE	EXAMINETY James H. Feaster, Jr. M. D. Address (Street, city, town, or county) Oak., Md. 3-25-62 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify)
0 g 4 0 g	Burial 3/28/1962 Deer Park Cemetery Deer Park, Maryland.
VS. AISME	28. SUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
SM 9/60	The deighton Oakland, Md. OATEMAR 29'62 Chilm S. Kinns
9 /	

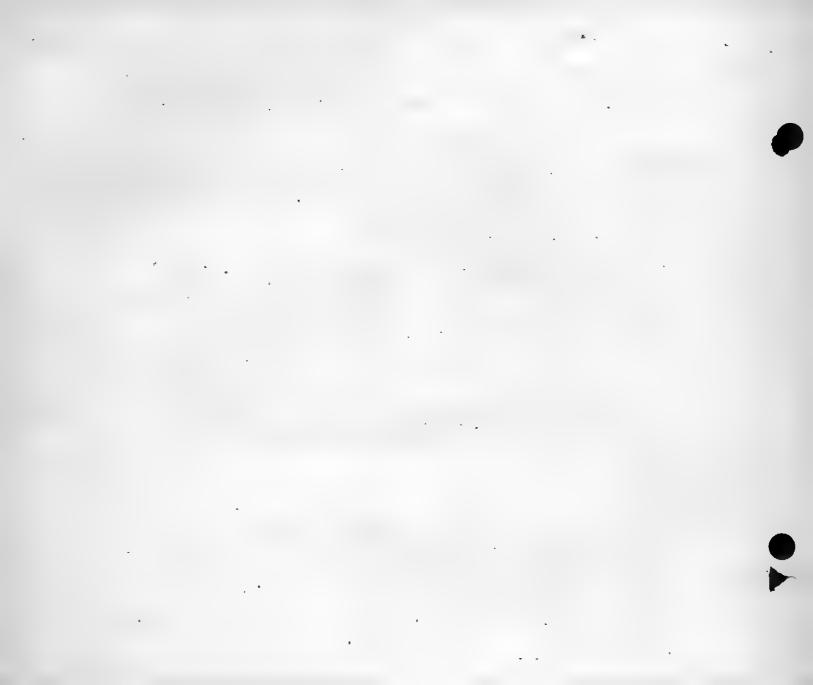
E175(E0) the policies detail 27 HEE (# 1977) Southern tell course on telephone and the contract to the cont TO BEEN ME OF THE TOTAL THE COURT OF THE 70 M (60) 200 (100) The state of the s AND THE THE PARTY OF THE PARTY



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) y is necessary, I director. Page or your files. oard of Health, a. COUNTY "Maryland. b. CQUNTY Garrett MARYLAND Garrett b. CITY OR TOWN (if outside corporete limits, c. UNGTH OF STAY IN Th c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) for your Oakland. Rural Rural Oakland. d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ould be executed within 24 hours after death. If any any in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained for burial-transit permit. File pages 1 and 2 with the State Boz burial-transit permit. File pages 1 and 2 with the State Boz burial-transit permit. ON A FARM? 6 Mi. So. Oakland. 6 Mi. So. Oakland YES INO NAMEOF Middle DECEASED (Type or print) DEATH Sophrona Fike Davis March 20th. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER | YEAR | IF UNDER 24 HRS last birthday) Months Female WIDOWED DIVORCED Dec. 19. 1884 10a, USUAL OCCUPATION IGive kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired! Own Home House work Preston Co., W. Va. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Amelius Fike Elizabeth Glass 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or dates of service) R. Grover Lee R. D. #2 Oakland, Md. no 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Burns, 3rd. degree of entire body Minutes DUE TO Conditions, if any, which ste, writing the word "pending" the Chief Medical Examiner's (R: Page 3 should be used as a brior to burial, cremation, or rem geve rise lo immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED NO 20e. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Pert I or Part II of Item 18.) House caught on fire and occupant did not get out. Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20c. TIME OF INJURY 20f. (City or town) (County) (State) refectory, street, office bldg., etc.) While Not While at work et work Rural. Oakland Garr. Md. XXX 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . Inquiry . Inquiry . Accident Suicide death resulted from: Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease execute the should be forward. FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER James H. Feaster, Jr., M. D EXAMINER'S Oak., Garr. Md. NAME (Type) Address (Street, city, town, or county) DE 226. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) Eglon Cemetery Eglon, Preston Co., W. Va. 2400 23. FUNERAL DIRECTO ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME Oakland. Md. Outher S. Three 5M 9/60 DATEMAR 2 1

15 Test all the land of the land posterni . Billing Joseph Learn Der St. Minter C. Tomas (PA) ASIC IT OF B Symplectic services of the ser MERC, DE LEEL IN THE SHE . ME MA I . L . L . C. STEWNER . The second secon . , Hetal The state of the s

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	1.		03252 CERTIFICATE OF DEATH Reg. Dist. No. 03246
director led	(A)	1.	PLACE OF DEATH a COUNTY O STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution- Residence before admission) o. STATE MARYLAND D. COUNTY GARRETT
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ter by the fi d 2 shau	X		ORANTSUILLE d NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES □ NO
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ng phys			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Purple was or dates of service) (If yes, give war or dates of service) Richard Surst Grantwello, Md
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ed by rmit.			Canditions, if any, which gove rise to immediate (b) Ilneralized arterioscellioses
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he law physici- has beer rial-tran	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO []
ending ficate the bu		CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Ilem 18.)
PHYSIC tal ar att this certi xr use as		MEDICAL	20c TIME OF INJURY Month, Day, Year Not Month, Day, Year Not White Not white at wark at wark at wark 19 at wark 19 Not white 19 Not wark 19 Not
baspi After hed for			21. I certify that I attended the deceased from and the deceased alive an Tele 2019 6/ and they death accurred at 6,00 AM, from the causes and an the date stated above
detac			ADDRESS (Street city or lown, state), DATE SIGNED
OR ed DIREC Id be prior	,		SIGNATURE LEONALD FOCKING MD. 209 North ST
PITAL B re RAL I shau	1		PHYSICIAN'S LEONARD L ROCKMD Meyersdale 19
HOSE nay be FUNE soge 3		220	REMOVAL (Specify) 3/2//62 DURST GRANTSULLE, GARRETT & MD
2 2 0 0 ±	SH	23.	FUNERAL DIRECTOR SIGNATURE ADDRESS
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where datessed ayad, If institution Residence before admission) director, Ragin or your files. a. COUNTY **b.** COUNTY Garrett MARYLAND Garret.t. b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporeta limits, write RURAL end give nearest town) write RURAL and give nearest town? "c.lenry Rural yrs. Rural McHenry d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS e. IS RESIDENCE o the funeral ON A FARM? ne State B YES NO 7 3. NAME OF Middle Last 4. DATE Ynne DECEASED OF (Typa or print) DEATH March 10th. Edgar after "a.e 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) 2, and 5 me Fenale WIDOWED -DIVORCED Mar. 10s. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stella or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan If retired) Housewife Own Hone Schenry. Jaryland USA within 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Beason Glotfeltv Vinnie Kanp 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address (Yas, no, or unkown) [[fyesgivewerordetesofservice]])" in #encil in Item 18 s Office along with for a burial-transit permit. "clenry, laryland none Cecil dear 18. CAUSE OF DEATH [Enter only one ceusa par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PULMONARY Sudden IMMEDIATE CAUSE (a) removal DUE TO MIRAT. THROMBUS 2-3 Davs Conditions, if any, which gave rise to immediate causa ha word "pending Aedical Examiner's hould be used as a 1, cremation, or re DUE TO (e), stating the underlying RHEUMATTC ENDOCARDITIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19. WAS AUTOPSY PERFORMED? NO e 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Jam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 1 20d. INJURY OCCURRED , 20a PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stata) Not While fectory, street, office bidg., etc.) While Hour a.m. at work at work 21. I certify that I look charge of the remains described above, held an Autopsy 🔼 Inspection 📆 InquiryX and in my opinion forwarded to DIRECTO designated agent, Natural causes death resulted from: Accident Suicide Homicide 1 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for FUNERAL 1 ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Oak., Md. 3-10-62 James H. Feaster, Jr., M. D. NAME (Type) Address (Streat, city, town, or county) 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) (Stata) REMOVAL (Spacify) ₽40 ò Burial Garrett Co. Menorial Gar. Oakland. Maryland 23, FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE MAR 1 6 '62 5M 9/60



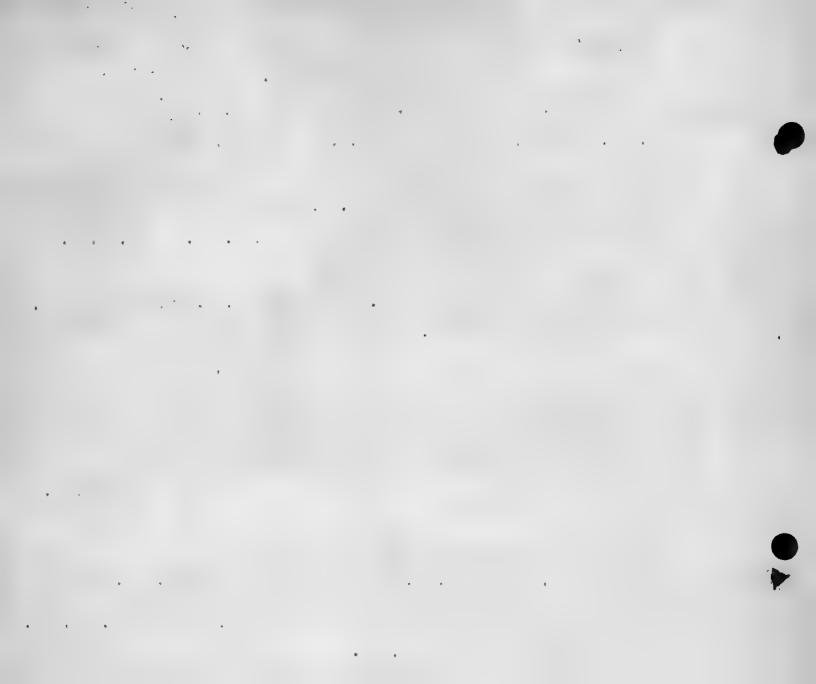
1		Division	of STATISTIC	AL RESEA	ARCH AND REC	ORDS,	301 W. PRES	TON STREE	T, BALTIM	ORE 1, MAR	YLAND
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DING haspii After	ial, cr		21. I certify that I attended the deceased from april 1954, to Truck, 1962 that I last saw the deceased
Ž Ž	ra bur		alive an ADDRESS (Street, city or lown, state) ADDRESS (Street, city or lown, state) DATE SIGNED
OR For	prior		SIGNATURE Haralal Rancord M.D. markleyhier g march 1762
RAL	5 - 1		PHYSICIAN'S HAROWD O KAMONS
HOSE TOY be	the registra		220 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, Iown, or county) (State) DURIAL 3/18/6 2 BLOOMING ROSF FRIENDS VILLE, GARRETT LAM
Q E Q (N.	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE
15M 9/58		1	Won Howman Scrutsville Ma DATEMAR 23 '62 arthur S. Thous



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased living, if institution R sidence before admission) Garrett director, Page or your files. Marvland. MARYLAND Garrett b. CITY OR TOWN (f outside corporate ..m.its, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporeta rimits, write RURAL and give neerest town) Rural Oakland, 19 yrs. Oakland. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) e. 15 RESIDENCE d. STREET ADDRESS ON A FARM? to the funeral 6 Mi. So. Oakland. R.D.#2, 6 be retained the State B YES NO Mi So. Oakland. 3. NAME OF Middle DECEASED 20th 62 Lee March Alma Fike (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Female WIDOWED [DIVORCED [6. 1891 10a. USUAL OCCUPATION (Give kind of work 1Db, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
House work Own Home Preston Co, W. Va. pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Amelius Fike Elizabeth Glass 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16 SOCIAL SECURITY NO.) 17 INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordalesofservice) R. Grover Lee R. D. #2. Oakland, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),) ONSET AND DEATH PART I DEATH WAS CAUSED BY: Burns. 3rd. degree of entire body IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cremation, or PART II OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED should 206. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING CAUSE OF DEATH. 20h. DESCR.BE HOW IN LRY OCCURED, lEnter neture of injury in Pert | or Pert | of Item 18 | restrificate, writing the arded to the Chief Med RECTOR: Page 3 should be agent, prior to burial, continued to burial to House caught on fire and occupant did not get out. 2Dd. INJURY OCCURRED + 20s. PLACE OF INJURY (Home, farm 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Residence Rural. Oakland. Garr. Md. Inquiry X Inspection A 21. I certify that I took charge of the remains described above, held an Autopsy | |. and in my opinion Accident . ⊃Suicide | Homicide Undetermined manner death resulted from. Natural causes CHIEF MEDICAL EXAMINER should be forward FUNERAL DIN ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER K Oak., Md. 3-20-62 James H. Feaster, Jr., M. D. EXAMINER'S NAME (Type) Address (Street, city lown or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) (Stata) 240 g Burial Eglon Cemetery Preston Co., W. Va. FUNERAL DECTO 24m. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME arthur S. Firmes Oakla nd. 1 DATE MAR 2 1 '62 SM 9 60



TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY arrett Maryland. Garrett by the and 2 death. MARYLAND b CITY OR TOWN of outside corporate limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town] Oakland. yrs. Oakland. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS . IS RESIDENCE ON A FARM? Oak Street Cuppett-Weeks Nursing Home YES NO 3. NAME OF M ddla 4. DATE paper DECEASED OF Lucie (Type or print) Margaret Lyon DEATH March 19 62 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS. ast birthday) Months Female Oct. WIDOWEDA DIVORCED [10e USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stets or fore an country) , 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Grant County, W. Va. House Work Own Holme 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel M. Elizabeth --? Va 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC AL SECURITY NO. 1 17. INFORMANT Address (Yes, no. or unkown) | (fives give wer or detes of service Clarksburg. Vernon Lyon, 181 McDowell no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which geve rise to immediate cause **DUE TO** (e), stelling the underlying PART I. OTHER SIGN FICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 2De. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (Stele) 2Dd. INJURY OCCURRED 2De PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) 2Dc. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Hour e.m. et work et work RECTOR: 21. I certify that (I) (this hospital) attended the deceased from. The 1964 that (i) (we) last19.6.2, and that death occured 12:45.P from the causes and on the date stated above. saw the deceased alive on . Manch 22b, DATE S GNED ATTENDING DIRECTOR PHYS. 160066 M.D. FUNERAL 22d. ADDRESS PHYS CIAN'S NAME (Type Oakland. Leighton. M.D. Md. 23d. LOCATION (City, lown or county) 23e. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY Oakland. Oakland Cemetery Maryland. /1962 25e REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRESS. VR A15 (4) Oakland, Md. 15M 9/60 Christ & House



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND HFALTH DFPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) y is necessary, I director. Page or your files. a. COUNTY a. STATE b. COUNTY GARRETT MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'da corporate limits, write RURAL and give neerest town) for your board write RURAL and give neerest town STAR ROUTE, FROSTBURG 66 Yrs.
d. NAME OF HOSPITAL OR INSTITUTION (II not 'in hospital, give street address) ROUTE. to the funeral dir d. STREET ADDRESS . IS RESIDENCE ON A FARM? be retained in the State B YES NO 3. NAME OF First Middla 4. DATE Month Day DECEASED OF (Type or print) DEATH 62 CAREY McMAHON 19 d yeur 3 to 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Days Hours MIn. WIDOWED DIVORCED SE hours after ages 1, 2, an 3. Page 5 m ges 1 and 2. 10a, USUAL OCCUPATION (Give kind of work 106. KIND OF BUS NESS OR INDUSTRY 11. BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Ret. Bartender Hotel Bar MARYLAND pages within USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HUGH McMAHON LYDIA CAREY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (lifyes give weror dates of service) ¥.ii.≯ McMAHON. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN along ONSET AND DEATH PART I, DEATH WAS CAUSED BY: " in pencil i Office alor burial-tran IMMEDIATE CAUSE (a) DUE TO a burial Conditions, if any, which (b) gave rise to immediate couse "pending" DUETO (e), stating the underlying ild be used a cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.S.) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO should 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Part I or Part II of item IB.) Ü 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. WEDICAL 20c TIME OF INJURY 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Yeer (County) (Stata) While Not White factory, street, office bldg., etc.) Hour e.m. at work at work prior 20 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Hamicide Natural causes Accident Surcide Undetermined manner CHIEF MEDICAL EXAMINER please execute the should be forward by FUNERAL Doring designated ACTUAL SIGNATURE EXAMINER'S McLANE NAME (Type) Address (Street, c'ty, town, or county) DE 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stote) REMOVAL (Spacify) ₹40 p 0 MD. BURIAL CEMETERY FROSTBURG ADDRESS 246. REC'D BY REGISTRAR | 246. REGISTRAR'S S.GNATURE 23. FUNERAL D.RECTOR VS. AISME . MAR 1 2 '62 Circling S. Thomas FROSTBURG, MD. DATE



1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	03253
the funeral of the fu	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution as COUNTY 3. COUNTY Garrett Maryland. Garret	:t
24 h	b. CITY OR TOWN (I outside corporate limits, write RURAL write RURAL and give nearest town) Mt. Lake Park, 4 yrs. C. CITY OR TOWN (If outside corporate limits, write RURAL	and give reassst town)
In filled s. Pages nours aff	d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS	a. IS RESIDENCE ON A FARM? YES NO
xecution problems in 72 hor	3 NAME OF DECEASED (Type or print) Charles Edward Miller DEATH March 28	Day Year 19 62 _
and co carbon 11, withi	Male White WIDOWED X DIVORCED June 27. 1880 Slast birthday) Month	ER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
shysician remove any ever	Da. USLAL OCCUPATION (Giva kind of work done during most of working life, avan if refired) Retired Coal Miner Soft coal Allegany Co., Md.	CITIZEN OF WHAT COUNTRY?
ending p n please	Charles Miller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
that the n. the att ii. The emoval,	(Yas, no, or unkown) (Ifyesgivawarordatasofsarvica)	ake Park, Mo
equires obysicia yned by sit perm on, or r	PART 1, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WILLIAM	ONSET AND DEATH
he law rending peen significations cremation	Conditions, if any, which gave rise to immediate cause (a), stating the undarlying DUE TO	(a. 57)20 _
IAN: Till or afficial or afficial or afficial or afficial, o burial,	cause last. (c) ([] 40,275 30 (C+ 4-2 = 2	ART I(a) 19. WAS AUTOPSY PERFORMED?
HYSIC he hospil is certific for use a h prior h	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P 2 Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part I of Jam 18.) 3 OR CONTRIBUTING CAUSE OF DEATH 0 0 0 0 0 0 0 0 0	YES NO X
DING by the Affer the letached of Health		County) (State)
ATTEN be retail CCTOR: uld be of	21. I certify that (I) (this hospital) attended the deceased from 4/4/	
L DIRE	228. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D	226., DATE S. SIGNED Z. SIGNED
SPINERA in pag or, pag od with	22c. PHYSICIAN'S NAME (Typa) A. E. Mance, M.D. Oakland, Maryland.	
TO HOSP/ death, E TO FUNER director, pe be filed wit	236. BURIAL, CREMATION, 236. DATE THEREOF EMOVAL (Specify) 3/30/1962 Paradise Church Cemetery Garrett Co. 24. ELMERAL DIRECTOR'S VIGNATURE: ADDRESS 256. REC D BY REGISTRAR 256. REGIST	, Md.
VR A15 (4)		M. Trans



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution; Residence before admission) is nec. director. Po. vour files. a. COUNTY b. COUNTY Maryland. Garrett Garrett MARYLAND b. CITY OR TOWN (if outs de corporate limits, & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporele limits, write RURAL and give nearest lown) write RURAL and give neerest town] Rural Swanton, Swanton d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, a ve street eddress) ON A FARM? the funeral retained he State B M1. West Swanton YES NO West Swanton 3. NAME OF Middle DECEASED OF DEATH (Typa or print) Thomas Earl Paugh March 1962 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER TYEAR | IF UNDER 24 HRS. ¥. ge 5 may and 2 with 72 hours a last birthday) Months DIVORCED Feb. 15, 1924 Male WIDOWED [10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Filling Sta. Operator, self employed. Garrett Co. Maryland Give Pages 1 rm PM3. Pag pages 1 within 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Bert Paugh May Collins Fi e Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordelasofservice) 215-14-6070 Mrs. Thomas Paugh R.D. Swanton, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) Asphygiation due to aspiration of tobacco Minutes Acute alcoholism Hours gave rise to immediate cause O 0 DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY RERFORMED? 2 NO 200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW NIURY OCCURED. (Enter nature of injury in Part 1 or Part 1 of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d, INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stele) Month, Day, Year 20c. TIME OF INJURY factory, street, office bldg., etc.) Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy [7]. Inspection [3]. Inquiry A and in my opinion forwarded h Natural causes Accident Suicide Homicide Undetermined manner death resulted CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ecute FUNERAL its designate 3 - 5 - 62NAME (176) James H. Feaster Jr. M.D. should (State) 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Deer Park, Maryland. 940 g Deer Park Cemetery Burial 248. REC'D BY REGISTRAR | 246 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR certing S. Thouse Oakland, Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Item 9 Film G310



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1		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
<u> </u>		03262 CERTIFICATE OF DEATH	03256
funer shoul	· F	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution at COUNTY	: Residence before admission)
415 72 54			errett /
t ho		b. CFTY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) c. CTY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	and give nearest town)
in F	j. 7	Oakland, Md. Deer Park, Maryland	
age:	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
No. P. fi		Garrett County Memorial Hospital	YES NO
ute letel		3. NAME OF First Modele Last 4. DATE Month DECEASED William James Sheets	Day Yaar
omp omp		(Type of pirm)	1 19 62
will value		m W lest birthday) Months	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
te b n an		WIDOWED DIVORCED 1	TITIZEN OF WHAT COUNTRY?
iiica icra		dona during most of working life, even if ratired:	United States
Par Selection		Construction Worker Machine Operator Cannonsourg, Pa.	AUTAGA DAGAGA
ing p			
endi n plu		Sheets, James William Mc Cartney, Anna 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address	
the affe Ther val,		(Yas, no, or unkown) (Ifyasgivewerordatasofsarvice) 193-07-9086 Edward Sheets Deer Park.	Md
that n. the it.		18. CAUSE OF DEATH (Enter only ong secure ger ine for (a) [b), and (c).]	INTERVAL BETWEEN
icial by erm		PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
sit p		IMMEDIATE CAUSE (a) THE MONEY AND THE COURT OF THE COURT	
w r		Conditions, if any, which (b)	
andi andi beer rial-		gava risa to immadiate causa	*
atter ser la		(a), stating the underlying but to causa last.	
AAN:	1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PA	RT 1(+) 19. WAS AUTOPSY PERFORMED?
CT.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERM HAE DISEASE CONDITION GIVEN IN PA	YES NO
hos cert cert		20a. ACCIDENT WAS UNDERLY NG _ 20b. DESCRIBE HOW INJURY OCCURED. [Enter natura of in ury in Part of Part II of Itam 18.]	
문학 등학교 등학교		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
See Fee		de deut deut des bide etc.	(Stata)
IDI ined ined deta		Hour a,m, p.m. While Not While at work at work	
Pe Start			9. 62, that (1) (we) last
F SCT PAT		saw the deceased alive on 3-1- 192, and that death occurred a 50M, Air has the causes and or	
동물속		22a SIGNATURE ATTENDING TO MED. STAFF	22b. DATE SIGNED
4 H % E		22. PHYSICIAN'S PHYS. PHYS. PHYS. 22d. ADDRESS	3111621
新	- 1	22c. PHYSICIAN'S NAME (Typa) Dr. E. I. Raumgartner 22d. ADDRESS Oakland, Maryland	~
JAN P	- 1		univ) (Stala)
death death		Pare to Count Clay for the Count	
ă ă	0	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR	
VR A15 (4) 15M 9/60	SIN.	Oakland, Md. DATE	of S. Thank
	1.		





VR A15 (4) 15M II/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

03264

03258

1. PLA	CE OF DEATH				2	. USUAL RESID	DENCE (Who	ere decente	d lived. If instit		Residence I	before admir	ision)
0. 0	.001411	Garrett		MARYLA	ND _	D. SIMIL	Maryl	and	b. COUN	AL	legar	ney '	
Ь	ITY OR TOWN (I URAL and give no	f outside corporate limi	ls, write c	LENGTH OF STAY IN	Ъ	c. CITY OR T	OWN (If or	utside corpo	rate limits, writ	e RURA	AL and give	negrest low	m)
. "	Oakl			1yr		1	Corri	gansv	ille		11	- A	
d. 1	NAME OF HOSPIT	AL (If not in hospilat, g	ive street ad	dress)		d. STREET A	DDRESS					e IS RE	SIDENCE A FARM?
		s-Cuppett	Nursi	ng Home									NO 🔀
	ME OF	Fir	'st	Middle		Las	t	4. DATE	٨	Aonth		Day	Year
	EASED be or print)	Marth	na	Elizabe	th	Urice		OF DEATH	March	1	6,		1962
5 SEX		6 COLOR OR RACE	7. MARRIEI	D NEVER MARRIED	8	DATE OF BIRTH	1		9, AGE / n yes	, -		EAR IF UND	-
F	emale	White	WIDOWED	DIVORCED [<u> </u>	ar. 22,	1883		78	rs. M	onths Do	ys Hours	Min.
10a U	SUAL OCCUPAT	ON (Give kind of work a	done 10b. KI	ND OF BUSINESS OR I	NDUSTR	Y 11. BIRTHPL	ACE (Stote o	or foreign o	ountry)		12. CITIZEI	OF WHAT	COUNTRY?
	Housew		,			Romn	ey. W	est V	la.		U.	S.A.	
13. FA	THER'S NAME		4.5			14. MOTHER'S							
	J	ames Ganoe	• '				Unkn	own					
		R IN U. S. ARMED FOR		CIAL SECURITY NO.	17. INFO	RMANT	1 .		A	ddress			
	or unknown)	(If yes, give war or dates of s	essice) d		75	ines !	Uni	Ca	Corrig	ans	ville	e, Md.	
18		ATH [Enter only one co ATH WAS CAUSED BY IMMEDIATE CAUSE (o	Can	50 . A. 10	L.	biss	4	alli	us.			INTERVAL B	ETWEEN D DEATH
	1-5	DUE TO		0 ,	A								
	Conditions, if a	ny, which)	· M-	rkenin.	Je l	01.01	wh	}					
	pave rise to i ouse (a), stating			<u></u>									
	ying couse lost.	(c	:)										
No.	PART II. OTI	HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	H BUT NO	OT RELATED TO	THETERMI	NAL DISEAS	E CONDITION	GIVEN	IN PART I	(c) 19 WAS	AUTOPSY ORMED?
CATION													NO []
7 20 20	ACCIDENT WAR CONTRIBUTING	S UNDERLYING CO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCC	URRED	(Enter nature o	f injury in F	Port I or Par	t II of item 18.)				
₹ 20	c. TIME OF INJUR	Y Month, Day, Ye	or 20d. INJ	URY OCCURRED 20		E OF INJURY (y or town)		(Cou	inty)	(Slote)
MEDICAL	Hour a.m.	19	While of work [Not white	roctor	ry, street, office	bldg., elc.	4					
! ~ ⊢		a dv dka baraha			1	may 17	1 10	1	Meich	1/2	10/-2	*Ab = 4.713	from Land
		sed glive on Mu) dilende	d the deceased fr			kd	M 6					
1 1	ow the deced:	sed alive on 1132	27017	1967 and th	nar aec	ain occurred	3 QI	w, nom	rne causes	ana	on rne c		2b DATE
	E.J.	Hanny	astin	ar ·	M.I		M DII	D. RECTOR	STAFF PHYS.		- 3	11916	SIGNED
1 1	C. PHYSICIAN'S NAME Typy	MGARY	NER			22d ADDRI	cder	Jt.	Dane	OH.	0	he	
23a. 8	URIAL, CREMATIC EMOVAL (Specify)	N. 236 DATE THEREC	OF	23c NAME OF CEMETE	RY OR C	CREMATORY		23d LOCA	TION (City, 10%	/h, or c	county)	(Ste	ote)
^	Burial		1962	_Cabin Rui	n Ce	metery		Keys		st			
24, FU	NERAL DIRECTOR		1	ADDRESS	Man ±	1/~	25a. REC'0	BY REGIS	TRAR 25b. R	EGISTR	AR'S SIGN		
12	es. K.C	hamber	~_/	Keyser, V	Vest	Vα	DAMAR	2 7 '62	u	Muy	2. Kin	MA	



ifter death, Page 4 funeral director, uld be filed with shauld equires that the death certificate be executed within 24

hours after death

event, within 72

CERTIFICATE OF DEATH

	13.
N	1. PLACE OF DEATH
AI	b. CITY OR TOW

3265

03259

A	1. PLACE OF DEATH o. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Garrett							
17	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH	OF STAY IN 16	c. CITY OR TOWN (If au	tside corporate limits, wri	e RURAL and give ne	arest town)				
	RURA bond give nearest town) 3 h	rs.	Mt. Lake F	Park X						
0	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Cuppett Nursing Holie		d. STREET ADDRESS	1		e. IS RESIDENCE ON A FARM YES NO				
	3. NAME OF DECEASED (Type or print) Bertha Virgini	Middle a.	Warnick	4. DATE OF DEATH Mar	Worth D	1962				
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVE Female White widowed	K 1111 1111 120 23	B. DATE OF BIRTH Aug. 30, 188	9. AGE (In ye lost birthdo	ors IF UNDER 1 YEA Y) Months Doys	Hours Mi				
	10c. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) Rest. E	usiness or indus	1		USA	F WHAT COUNT				
	13. FATHER'S NAME									
Γ	Ashford Warnick		Ianth	a Michael	3					
シ	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECULY'es. no. or unknown) [If yee, give wor or dates of service] NO ne	A. C. Warn		and, Mar	yland					
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	and (c).]	e In fun	Steen		TERVAL BETWEE				
	Canditions, if ony, which gove rise to immediate	csclen	otic cu	Ducase.		4+410				
	couse (a), stating the under. DUE TO lying couse lost.									
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION Chanic branch (4)	, den	yphypema	/		PERFORMED YES NO				
	OR CONTRIBUTING CAUSE OF DEATH	NJURY OCCURRE	D. Enter nature of injury in Po	ort I or Part II af item 18.						
	20c. TIME OF INJURY Month, Day, Year Hour a. m. Yhile Not wh at wark at wark at wark at wark at wark	ile fac	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City or town)	(Caunty) (2)				

ate)

d the deceased from 22 Nov 1960 to 31 MW, 1961, that (1) (we) last 1962 and that death accurred a 738M, from the causes and an the date stated above. 21. I certify that (I) (this hospital) attended the deceased from 22 Nov sow the deceased alive an 31 Max 22o. SIGNATURE 226. DATE SIGNED

22c. PHYSICIAN'S

Grant

M.D. PHYS. 22d. ADDRESS

MED. Third St.

Oakland, Md.

23a. BURIAL, CREMATION. 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery

23d. LOCATION (City, town, or county) Oakland. Maryland

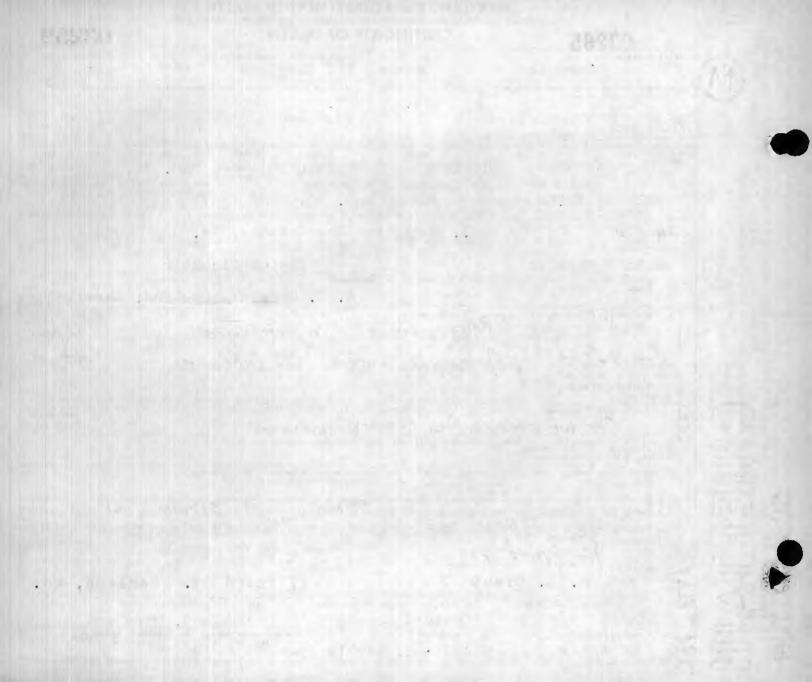
(Stote)

ADDRESS

250. REC'D BY REGISTRAR APR 9 '62 Oakland, Maryland DATE

256. REGISTRAR'S SIGNATURE

TO FUNERA



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 3	ARTMENT OF HEALTH OOI W. PRESTON STREET, BALTIMORE 1, 1	MARYLAND
	03266 CERTIFICATE	OF DEATH	03260
1		2. USUAL RESIDENCE (Where decessed lived, if institution	
F.	GARRETT MARYLAND	e. STATE MARYLAND B. COUNTY	GARRETT
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL	and give neerest town)
4	OAKLAND 14hrs. 55 mi		
0	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e, IS RESIDENCE ON A FARM?
	GARRETT COUNTY MEMORIAL HOSPITAL 3. NAME OF First Middle	RFD.	Day Yeer
	DECEASED	OF	
1-	DUDT DOT	WILT DEATH MARCH DATE OF BIRTH 9. AGE (In yoors) IF UNDE	21 1962 RIYEAR IF THE 24 HRS.
1	MALE WHITE WIDOWED DIVORCED MA	RCH 20, 1962 lest birthdey) Months	Days Haug 55
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		CITIZEN OF WHAT COUNTRY
-	13. FATHER'S NAME	OAKLAND, MARYLAND 4. MOTHER'S MAIDEN NAME	U.S.A.
		KNOX, BERTHA ANNABEL	
-	HOMER WILT 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INI		
	(Yes, no, or unkown) ((Ifyesgivewarordetesofservice)	THER-WILT HOMER SWANTON,	MARYT.AND
-	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).	. ^ /	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO	madequacy	ONSELAND DEATH
	Conditions, if eny, which (b) Tremature	Delivery (6 months	(a)
	geve rise to immediate cause DUE TO		
	cause lest. (c)		
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
	200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED. (I OR CONTRIBUTING CAUCHED FEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter neture of injury in Pert I or Pert II of item 18.)	
	tt	E OF INJURY (Home, farm, 2Df. (City or town) (C y, street, office bldg., etc.)	ounty) (State)
	21. I certify that (I) (this hospital) attended the deceased from	1ARCH 20 , 1962 to MARCH 21 , 1	1962that (I) (we) la
	saw the deceased alive onMARCH2119.62., and that d	death occured at 2:55 1 Bro Mhe causes and or	the date stated above
	220. SIGNATURE /	ATTENDING MED STAFF	22b, DATE
	furful for fughter M.D.		21 Mark
1	22c. PHYSICIAN'S DR. H. LEIGHTON	OAKLAND, MARYLAND	
1	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR		unty) (Stete)
	REMOVAL (Specify) Burial 3/23/1962 Fitzwater Ce		
) -	7		
B	24 AUNERAL DIRECTOR'S SIGNATURE OAKland,		S. Homes
133			

3.3 DASSED TARTE TO ST. CONTROLL THE THE PARTY OF MENTAL OF MAIN The state of the s Puriting , 30 Page 1 Manifold, state since all enterly a con-The second of the second of th Line Com Comment of the Comment HORSON OF . TO United . S/ss/1962 Hillson to the contract to THE PARTY OF THE PARTY AND THE PARTY OF THE